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### General data

POPULATION, 2023

**55,100,586**

PHYSICIANS/1000 INH, 2020-2022

**0.11**

NURSES/1000 INH, 2020-2022

**0.64**

LIFE EXPECTANCY, 2022

**64.01**

### Socioeconomic data

COUNTRY INCOME LEVEL, 2022

**Lower middle income**

HUMAN DEVELOPMENT INDEX RANKING, 2023

**143**

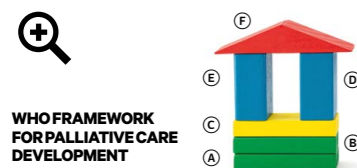
GDP PER CAPITA (US\$), 2023

**1,952.30**

HEALTH EXPENDITURE, 2021

**94.68**

UNIVERSAL HEALTH COVERAGE, 2021

**53**

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

① EMPOWERMENT OF PEOPLE AND COMMUNITIES  
② POLICIES  
③ RESEARCH  
④ USE OF ESSENTIAL MEDICINES  
⑤ EDUCATION AND TRAINING  
⑥ PROVISION OF PC

LEVEL OF DEVELOPMENT



# Kenya

## F Provision of PC (Specialised Services)

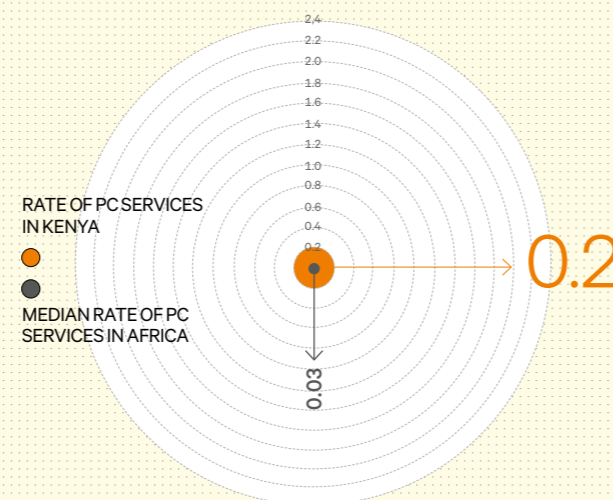
Total number of Specialised PC services

**106**

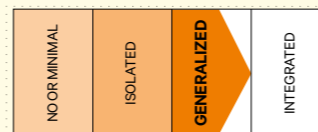
Rate of PC services per 100,000 inhabitants

**0.2**

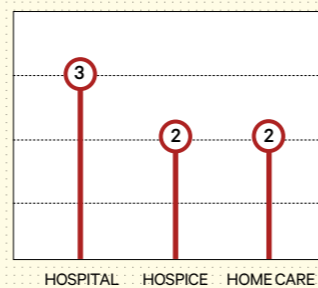
Kenya in the context of African continent



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION



TOTAL NUMBER

**3**

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# Kenya

## D Use of essential medicines

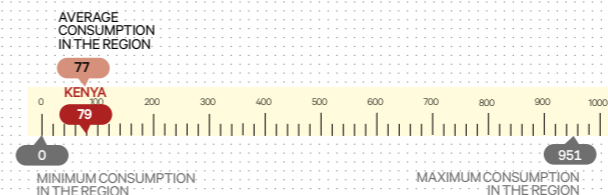


Opioids consumption (excluding methadone)

**79**

S-DDD/MILL INHABITANTS/DAY

Kenya in the context of African continent



Overall availability of essential medicines for pain and PC at the primary level



IN URBAN AREAS %



IN RURAL AREAS %

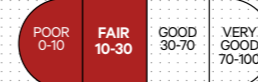


General availability of immediate-release oral morphine at the primary level

IN URBAN AREAS %



IN RURAL AREAS %



## C Research

PC-related research articles



Existence of PC congresses or scientific meetings



National Association: Kenya Hospices and Palliative Care Association.

Consultants: Christine Naitore Marete; Kelvin Wambugu Kiama; Jescah Wambui Ng'ang'a; Leonard Kiprono; Mohamed Abdullahi Adan; Peninah Sidi Mramba; Rose Mogere; Stella Kathambi Mburugu; Zipporah Ali.

Data collected: From December 2023 to March 2024.

Date validated by consultants: Yes

Endorsed by National PC Association: Yes

Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

## E Education & Training

Medical schools with mandatory PC teaching

**13/13**

Nursing schools with mandatory PC teaching

**145/145**

Recognition of PC specialty



## B Policies

National PC plan or strategy



Responsible authority for PC in the Ministry of Health



Inclusion of PC in the basic health package at the primary care level






## A Empowerment of people and communities





Groups promoting the rights of PC patients



Advanced care planning-related policies



|   |   |   |
|---|---|---|
| <b>Ind1</b><br>Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.   | <br>Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.).   | The Kenya Hospices and Palliative Care Association (KEHPCA) is a strong national association advocating for palliative care across all age groups. It collaborates with hospices, hospitals, patient groups, teaching institutions, and government bodies to promote the integration of palliative care within public, private, and faith-based health systems. KEHPCA has played a key role in the development of Kenya's first National Palliative Care Policy, National Palliative Care Guidelines, Training Curriculum, Cancer Control Strategy, and Cancer Management Guidelines. Its advocacy efforts include public awareness campaigns, the dissemination of educational materials, and participation in events such as World Hospice and Palliative Care Day and World Cancer Day. The association is actively engaged with the Kenya Cancer Association, the Kenya Network of Cancer Organisations (KENCO), and the Non-Communicable Diseases Alliance Kenya (NCDAK). It also organises a biennial National Palliative Care Conference, fostering education and collaboration among key stakeholders. |
| <b>Ind2</b><br>Is there a national policy or guideline on advance directives or advance care planning?  | <br>There is/are national policies or guidelines on living wills and/or on advanced directives.  | In 2013, the MoH published the Kenya National Patients' Rights Charter, outlining mechanisms for conflict resolution. The Charter affirms that every patient has the right to refuse treatment, which must be documented by a medical provider in the presence of an independent witness. While this document effectively serves as a form of living will, Kenya lacks a national law, policy, or guideline on advance care planning (ACP). Cultural taboos surrounding discussions of death pose an additional barrier to its wider establishment. However, the Kenya Palliative Care Policy 2021–2030 acknowledges the need to develop national guidelines on ACP.  |
| <b>Ind3</b><br>3.1. There is a current national PC plan, programme, policy, or strategy.<br><br>3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone. | <br>Actualized in last 5 years, but not actively evaluated or audited.<br><br><br>There is a stand-alone national palliative care plan and/or there is national palliative care law/legislation/government decrees on PC. | In 2013, Kenya launched the National Palliative Care Guidelines to streamline service provision, improve access, and establish national standards for palliative care. The Kenya NCD Strategic Plan 2021–2025 subsequently incorporated palliative care as part of the health system's response to non-communicable diseases (NCDs), emphasising integrated, people-centred services and calling for the review and dissemination of palliative care and survivorship guidelines. In 2021, the National Palliative Care Policy 2021–2030 was introduced to guide the development of services and includes clear indicators for monitoring and evaluating progress. However, implementation, auditing, and evaluation remain limited due to gaps in training, human resources, financial support, and essential supplies. The National Cancer Control Strategy 2023–2027 further prioritises palliative care, including the development of a harmonised curriculum, improved opioid availability, and the expansion of services in county referral hospitals with strengthened community-based linkages.         |

|   |  |  |
|---|--|--|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.   | <br>The indicators exist, but have not been updated (implemented out of the determined period).   |  |
| <b>Ind4</b><br>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.                                     | <br>Palliative care is included in the list of health services provided at the primary care level in the General Health Law.  | The Health Act No. 21 of 2017 recognises palliative care as a right. It affirms that every person has the right to preventive, promotive, curative, reproductive health, and palliative care services across the continuum of care, from community to national level. However, this legal provision has not translated into universal access, with significant disparities across counties. The Primary Health Care Act No. 13 of 2023 (p.383) and the Social Health Insurance Act No. 16 of 2023 (p.458) both define UHC as the guarantee that all individuals and communities receive the health services they need—including the full spectrum of essential, quality services from health promotion and prevention to treatment, rehabilitation, and palliative care—without experiencing financial hardship. The Primary Health Care Act further specifies that palliative care must be integrated into both community and facility-based health services. |
| <b>Ind5</b><br>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?<br><br>5.2. The national authority has concrete functions, budget and staff. | <br>There is a coordinating entity but has an incomplete structure (lack of scientific or technical section).<br><br><br>There are concrete functions and staff, but do not have a budget. | At the MOH, the Division of Palliative Care, Healthy Ageing and Older Persons is housed within the Directorate of Curative and Nursing Services, with three staff members currently deployed. The division includes technical personnel responsible for the development and implementation of national policies and strategies. Its primary role is to coordinate all palliative care services across the country. Previously, palliative care was managed under the National Cancer Control Programme. There is currently no specific budget allocation for palliative care in the National Budget. Services are primarily supported by the national association, KEHPCA, whose funding is largely derived from international institutions such as The Sanofi Collective, THET – Partnership for Global Health, Charities Aid Foundation (CAF), the American Cancer Society, Amplify Change, APCA, and Hospice Care Kenya.                                    |

AF Kenya

Ind6

Existence of congresses or scientific meetings at the national level specifically related to PC.



At least one national conference specifically dedicated to palliative care every 3 years.

KEHPCA, in collaboration with the MoH, hosts a national palliative care conference every two years (with the exception of the COVID-19 period). The event brings together national, regional, and global participants, including speakers and researchers, to share local, regional, and international palliative care research, best practices, and recent advances in the field. The 2023 conference was a three-day event, featuring pre-conference workshops on the first day and the main sessions on days two and three. A dedicated palliative care track is consistently included in the biennial international conference of the Kenya Society of Haematology and Oncology. In addition, the Oncology Nurses Chapter in Kenya, in collaboration with palliative care teams, organises an annual scientific conference that also tracks progress in cancer care and palliative care service delivery in the country.

Ind7

Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.



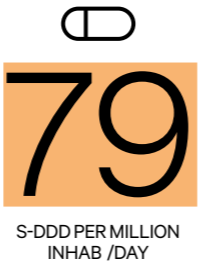
Represents a considerable amount of articles published.

A comprehensive scoping review conducted in March 2023, covering publications from 2017 onwards, identified 70 peer-reviewed articles on palliative care in Kenya that met the inclusion criteria for this indicator.

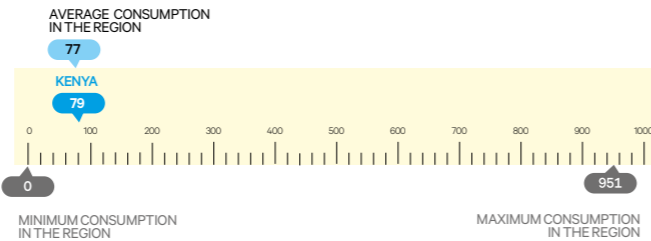
Ind8

Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses for statistical purposes (S-DDD) per million inhabitants per day, 2020–2022.



COUNTRY VS REGION



AF Kenya

Ind9

9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Good: Between 30% to 70%

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Good: Between 30% to 70%

Based on the analysis of the 2023 Health Facility Census and the 2023 Kenya Essential Medicines List, approximately 36.52% of primary care centres in Kenya have access to essential medicines for palliative care as listed in the national formulary. This estimate accounts for the availability of medicines across various levels of health care, with 57% of facilities offering pharmaceutical services. The distribution of essential medicines varies by level, with only a subset of primary care facilities (Levels 2, 3, and 4) having access to the full range of required medicines, resulting in the estimated national coverage. The supply of medicines is inconsistent due to frequent stockouts. Although disparities between rural and urban areas are widely recognised, there is insufficient data to disaggregate the findings by region. The data do not differentiate between rural and urban settings.

Ind10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).



Fair: Between 10% to 30%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).



Fair: Between 10% to 30%.

In Kenya, the National Palliative Care Policy 2021 estimated the availability of essential items such as morphine at 5–7%, with a target of reaching 50% by 2030. The Kenya Essential Medicines List 2023 states that oral morphine should be available at Levels 3 to 6 of the health system, including primary care facilities at Levels 3 and 4. According to the 2023 Health Facility Census, which assessed 12,375 facilities across Levels 2 to 6, only 57% had pharmaceutical services. Based on this, it is estimated that approximately 16% of primary care facilities have immediate-release oral morphine available. The data do not differentiate between rural and urban settings.

Ind11

- 11.1. The proportion of medical schools with **COMPULSORY** teaching in PC (with or without other optional teaching)
- 11.2. The proportion of medical schools with **OPTIONAL** teaching in PC.
- 11.3. The proportion of nursing schools with **COMPULSORY** teaching in PC (with or without other optional teaching).
- 11.4. The proportion of nursing schools with **OPTIONAL** teaching in PC.

13/13

0/13

145/145

0/145



In Kenya, palliative care is included in the undergraduate core curricula for Medicine and Surgery, as well as for Nursing and Midwifery. However, implementation varies across institutions, with some facing challenges due to a lack of qualified lecturers. Formal training in palliative care is primarily available at the postgraduate level for both medical and nursing professionals. As of 2024, the Kenya Medical Practitioners and Dentists Council has approved 13 medical schools, including the University of Nairobi, Moi University, Kenyatta University, and Aga Khan University, among others. In parallel, the Nursing Council of Kenya has accredited 145 institutions to offer degree-level nursing and midwifery education.

Ind12

- Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.



Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognized by competent national authorities.

In 2013, the MoH published the Kenya National Patients' Rights Charter, empowering patients to demand quality health care and outlining mechanisms for conflict resolution. Anchored in the Constitution of Kenya (2010), the Charter affirms that every patient has the right to refuse treatment, which must be documented by a medical provider in the presence of an independent witness. While this document effectively serves as a form of living will, Kenya lacks a national law, policy, or guideline on advance care planning (ACP). Where ACP is practised, it is governed by institutional policies. Cultural taboos surrounding discussions of death pose an additional barrier to its wider establishment. However, the Kenya Palliative Care Policy 2021–2030 acknowledges the need to develop national guidelines and policies on end-of-life care, including ACP.

Ind13

- 13.1. There is a system of specialised PC services or teams in the country that has a **GEOGRAPHIC** reach and is delivered through different service delivery platforms.
- 13.2. Are available in **HOSPITALS** (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.
- 13.3. Free-standing **HOSPICES** (including hospices with inpatient beds).
- 13.4. **HOME CARE** teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.
- 13.5. Total number of specialised PC services or teams in the country.



Exists in many parts of the country but with some gaps.



In a growing number of private hospitals.



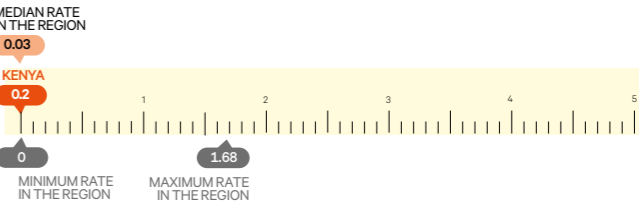
Ad hoc/ in some parts of the country.



Ad hoc/ in some parts of the country.

As of 2023, KEHPCA reports 106 registered palliative care services in Kenya, with a service density of 0.19 per 100,000 inhabitants (population: 55.1 million, World Bank). These include 14 free-standing hospices, 5 rural units run by faith- and community-based organisations, 14 mission hospitals, 55 Ministry of Health facilities, and 18 private centres. Services are present in 42 out of 47 counties, primarily located in Level 5 hospitals. Despite broad geographic distribution, access remains uneven due to disparities in service capacity, availability of essential medicines, trained staff, and funding. Some facilities offer home-based care on a needs basis, and discharged patients are linked to Community Health Promoters for continued support. Challenges such as inadequate managerial backing and inconsistent drug supply further limit quality and reach of care.

RATE OF SPECIALISED PC SERVICES/100,000 INH



106  
← SPECIALISED PALLIATIVE CARE SERVICES

Ind14

- 14.1. There is a system of specialised PC services or teams for **children** in the country that has **geographic** reach and is delivered through different service delivery platforms.
- 14.2. Number of pediatric specialised PC services or teams in the country.



Generalized provision: palliative care specialized services or teams for children exist in many parts of the country but with some gaps.

3

PPC TEAMS

All 106 registered facilities in Kenya provide palliative care for both adults and children. However, specialised paediatric palliative care is available in only three institutions: Kenyatta National Hospital, LivingRoom Hospice, and Moi Teaching and Referral Hospital. These facilities offer dedicated services tailored to the complex needs of children with life-limiting conditions, while other centres provide general care without paediatric-specific teams or protocols.